



Department of Labor Division of Workers Compensation

- ▶ **NOTICE** – Workers must give notice of accidental injury to their employer within 10 days after date of accident (75 days with just cause). **The notice must be in writing for an accident that is the result of a series of events, repetitive use, cumulative traumas or microtraumas.** Written notice of an occupational disease is required within 90 days of disablement.
- ▶ **CLAIM** – Workers must serve written claim on the employer, in person or by registered or certified mail, within 200 days of the accident or last paid compensation. Workers with an occupational disease must serve claim within one year from date of disablement. Right to compensation may be forfeited if claim is not served within these time frames.
- ▶ **TREATMENT** – The employer must furnish medical treatment to cure and relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.
- ▶ **FOR INFORMATION** – Write

KANSAS DEPARTMENT OF LABOR
DIVISION OF WORKERS COMPENSATION
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

or call:	** General Information.....	785-296-2996
	** Coverage and Compliance.....	785-296-6767
	Director's Office	785-296-2996
	** Fraud and Abuse Investigation	785-296-6392
	** Mediation	785-296-0848
	Medical Services.....	785-296-0846
	** Ombudsman/Claims Advisory.....	785-296-2996
	Rehabilitation.....	785-296-2996
	Technology and Statistics	785-296-4120
	Workers Compensation Board.....	785-296-8484
	Web site.....	www.dol.ks.gov

NOTE: Sections with () available nationwide.....800-332-0353**

TABLE OF MAXIMUM BENEFITS - Effective July 1, 2010
Kansas Workers Compensation Law

Medical and hospital allowances	no limit
Death: spouse and wholly dependent children.....	\$250,000
Death: heirs (no dependents)	\$25,000
Burial allowance	\$5,000
Permanent total disability	\$125,000
Temporary total disability	\$100,000
Partial disability.....	\$100,000
Partial disability limited to functional impairment.....	\$50,000
Maximum weekly benefits: (7-1-06 to 6-30-07)	\$483
(7-1-07 to 6-30-08)	\$510
(7-1-08 to 6-30-09)	\$529
(7-1-09 to 6-30-10)	\$546
(7-1-10 to 6-30-11)	\$545

Medical mileage for more than 5 miles – Call 1-800-332-0353

Maximum benefits where functional impairment only is awarded is restricted to \$50,000.

	Maximum weeks that may be paid	Compensation at \$546 per week
Shoulder	225	\$100,000
Arm	210	\$100,000
Forearm	200	\$100,000
Hand	150	\$81,750
Leg.....	200	\$100,000
Lower leg	190	\$100,000
Foot	125	\$68,125
Eye	120	\$65,400
Hearing, both ears	110	\$59,950
Hearing, one ear.....	30	\$16,350
Thumb	60	\$32,700
Finger 1st (index).....	37	\$20,165
Finger 2nd (middle)	30	\$16,350
Finger 3rd (ring).....	20	\$10,900
Finger 4th (little).....	15	\$8,175
Great toe.....	30	\$16,350
Great toe, end joint.....	15	\$8,175
Each other toe	10	\$5,450
Each other toe, end joint only	5	\$2,725

Allowance of 10% and not over 15 weeks for healing period following an amputation.